OTAL CLAIMS OR OTAL CHARGEABLE CLAIMS DEPENDENT CLAIMS	(Column 1) NUMBER FLED 5 / minus 20= 12 minus 3=	(Column 2) NUABER EXTRA 3/	SMALL TYPE RATE BASIC FI		OR		R THAN ENTITY	1	
OTAL CHARGEABLE CLAIMS DEPENDENT CLAIMS	NUMBER FLED 5 / minus 20=	NUMBER EXTRA	RATE	FEE	OR I [SMALL	, ENTITY	•	
OTAL CHARGEABLE CLAIMS DEPENDENT CLAIMS	5 / minus 20=					RATE	FEE	- }	
DEPENDENT CLAIMS		. 31		E .	OR	BASIC FEE	 	1	
	/2 minus 3 =		XS 9=		OR	X\$18=	isaci	1	
		. 9	X40=			X80=	}	1	• .
ULTIPLE DEPENDENT CLAIM P	RESENT	Q			OR		120	1	
f the difference in column 1 is	less than zero, enter		+135=	- 	OR	+270= .	210		
4	AMENDED - PAR		TOTAL		OR	TOTAL	3650	ł	
(Column 1)	(Cotum	nn 2) (Column 3)	SMALL	ENTITY	OR	OTHER SMALL	ENTITY		
CLAIMS REMAINING AFTER AMENDMENT Total - 30. Independent - 10	HIGH NUM PREVIO PAID I	BER PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	®	
Total · 30	Minus - 2	0 =	X\$ 9=		OR	X\$18=	1	S	
Independent - 13	Minus	-	X40=		OR	X80=	***		
FIRST PRESENTATION OF MI	ULTIPLE DEPENDENT	CLAIM	.105		-			.8	
8/7/06			+135= TOTAL ADOIT. FEE		L	+270= YOTAL DOT. FEE	×	Best Available	
(Column 1) CLAIMS	(Colum	ST		ADDI-	_			o	× :
REMAINING AFTER AMENDMENT	PREVIO PAID F	USLY EXTRA	RATE	TIONAL FEE		RATE	ADDI- TIONAL	င္ပ	
Total • 6	Minus .	30 -	X\$ 9=)A	X\$18=	FEE	ğ	
Independent • 3	Minus	12	X40=) P	X80=	-/-	~	
FIRST PRESENTATION OF MU	ALTIPLE DEPENDENT	CLAIM	405		`` 		/		* -
			+135=	/		+270= TOTAL			
(Column 1)	(Colum	- 2V - (C-1) 2V	ADOIT, FEE)R AC	DOIT. FEE		0 	
CLAIMS REMAINING AFTER	HIGHE HUMB PREVIOU	ST ER PRESENT	RATE	ADDI- TIONAL	Γ	RATE	ADDI- TIONAL		****
AMENDMENT Total •	PAID F	OR		FEE	L		FEE		
Independent •	Minus •••		X\$ 9=	0	R 3	X\$18=			
FIRST PRESENTATION OF MU		1	X40=	o	R L	X80-		-: -:	
the eater in and more to be taken the sixty	activity askers as a re-		+135=	O	R T	270=	1		
the entry in octum 1 is less than the the Tilghest Number Previously Pak the Tilghest Number Previously Pak he Tilghest Number Previously Paid	d For IN THIS BRACE Is I	900 than 20, onter "20."	TOTAL ADDIT. FEE	01	- 40	TOTAL DIT. FEE			

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PTC/SB/30 (04-05)

Approved for use through 7/31/2006. OMB 0651-0031

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Request for

Continued Examination (RCE)

Transmittal

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Alexandria, VA 22313-1450

ethough an a consection of the	tormation unities a display a valid Chib control number.
Application Number	09/762,380
Filing Date	February 7, 2001
First Named Inventor	Yoshitaka Yaguchi et al.
Art Unit	2621
Examiner Name	James A. Fletcher
Attorney Docket No.	MTS-3243US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

 Submission required under 37 CFR 1.114 Note: If the RCE is proper, any prevand amendments enclosed with the RCE will be entered in the order in which they wen otherwise. If applicant does not wish to have any previously filed unentered amendmenton-entry of such amendment(s). 	e filed unless applicant instructs nt(s) entered, applicant <u>must</u> request						
 Previously submitted. If a final Office Action is outstanding, any amendment may be considered as a submission even if this box is not checked. 							
 Consider the arguments in the Appeal Brief or Reply Brief previously file 	ed on						
ii. Other							
b. 🛛 Enclosed							
i. 🖸 Amendment/Reply iii. 🔲 Information Disclosu	re Statement (IDS)						
ii. Affidavit(s)/Declaration(s) iv. Other							
2. Miscellaneous							
a Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of							
months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)							
b. Dother							
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the F	CE is filed.						
a. M The Director is hereby authorized to charge any underpayment of fees, or credit any overpayments, to Deposit							
Account No. 18-0350. I have enclosed a duplicate copy of this sheet.							
1. W NOE les requises shoeld of or it in its.							
ii.							
iii. 🔲 Other							
b. Check in the amount of \$ is enclosed.							
c. A Payment by credit card (Form PTO-2038 enclosed)							
WARNING: Information on this form may become public. Credit card in included on this form. Provide credit card information and authorization	Iformation should not be						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT R							
Signature Date	August 3, 2006						
Name (Print/Type) Jack : Jankovits Registration No. (Attorney	(Agent) 42,690						
CERTIFICATE OF MAILING OR TRANSMISSION							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.							
Signature Deboret Spratt							
Name (Print/Type) Deborah Spratt Date	August 3, 2006						

This collection of information is required by 37 CFR 1.114. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 (1-800-786-9199) and salect option 2.